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FORM B10 (Official Form 10) (04/05)

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United States Bankruptcy Court Southern	DISTRICT OF New York	PROOF OF CLAIM
Name of Debtor Delphi Corporation, et al.	Case Number 05-44481	
NOTE: This form should not be used to make a claim for an administrative		
of the case. A "request" for payment of an administrative expense may be	filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property):	☐ Check box if you are aware that	1
Siemens AG	anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving	
Name and address where notices should be sent: Charles P. Schulman Sachnoff & Weaver, Ltd. 10 South Wacker Drive, 40th Floor Chicago, IL 60606 Telephone number: 312-207-1000	particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Use Only
Account or other number by which creditor identifies debtor:	Check here ☐ replaces if this claim a previously ☐ amends	/ filed claim, dated:
1. Basis for Claim	, unionis	
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 U Wages, salaries, and compensation Last four digits of SS #: Unpaid compensation for services fromto (date)	(fill out below)
2. Date debt was incurred:	3. If court judgment, date obtained	
4-12-05 through 8-31-05	3	_
4. Total Amount of Claim at Time Case Filed: \$ 30,556.80 (unsecured) (secured) (prior	30,556.80
If all or part of your claim is secured or entitled to priority, also com ☐ Check this box if claim includes interest or other charges in addition interest or additional charges.	plete Item 5 or 7 below. to the principal amount of the claim. Atta	(33,00)
5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff).	7. Unsecured Priority Claim. Check this box if you have an unse	ecured priority claim
Brief Description of Collateral: Real Estate Motor Vehicle Other Value of Collateral: \$	days before filing of the bankr debtor's business, whichever is Contributions to an employee by	us (up to \$10,000),* earned within 180 uptcy petition or cessation of the earlier - 11 U.S.C. § 507(a)(3). penefit plan - 11 U.S.C. § 507(a)(4).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	§ 507(a)(6).	al, family, or household use - 11 U.S.C.
6. Unsecured Nonpriority Claim \$ 30,556.80	or child - 11 U.S.C. § 507(a)(7	ort owed to a spouse, former spouse,). rernmental units-11 U.S.C. § 507(a)(8).
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	Other - Specify applicable para *Amounts are subject to adjustment on a	graph of 11 U.S.C. § 507(a)(). #1/107 and every 3 years thereafter with after the date of adjustment. \$10,000 and
8. Credits: The amount of all payments on this claim has been credited a this proof of claim.	and deducted for the purpose of making	THIS SPACE IS FOR COURT USE ONLY
9. Supporting Documents: Attach copies of supporting documents, orders, invoices, itemized statements of running accounts, contracts, court agreements, and evidence of perfection of lien. DO NOT SEND ORIGINA not available, explain. If the documents are voluminous, attach a summary 10. Date-Stamped Copy: To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim	judgments, mortgages, security AL DOCUMENTS. If the documents are	DECESTED AR 6200 L
Date Sign and print the name and title, if any, of the cre this claim (attach copy of power of attorney, if any	ditor or other person authorized to file	CLAIMS PHOCASSINE JEINIER
4-5-06 Charles B Schulpar A	():	USBC, SDINY 1

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Siemens AG - Siemens VDO Automotive - Postfach 10 09 43 - 93909 Regensburg

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